N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

28 1929
96
50
6

MISSOURI [redacted]ARD OF HEALTH
BUR[redacted] STATISTICS
[redacted] DEATH

Do not use this space.

25798

1. PLACE OF DEATH

County St. Louis — Registration District No. 1170 — File No.

Township Central — Primary Registration District No. 624818 — Registered No. 179

City Richmond Hights (No. St. Marys Hospital St. Ward)

2. FULL NAME Israld W. Shantz

(a) Residence. No. Sherman Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Belle Shantz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8. 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	64	0	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Realestate

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Dallas City
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Canada

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

14. INFORMANT Belle Shantz
(Address) Sherman Mo.

15. FILED 7/13 1929 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12. 1929

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1929 to July 11, 1929 that I last saw him alive on July 11, 1929 and that death occurred, on the date stated above, at 4 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia (Double)

(duration) yrs. mos. 11 ds.

CONTRIBUTORY (SECONDARY) multiple abscesses of lifting (duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Sherman Mo

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X ray picture

(Signed) H L Pinckey, M. D.

, 19 (Address) 2816 Sutton

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Hiram Cemetery	7-15 1929

20. UNDERTAKER McLaughlin — ADDRESS 1631 Mo. ave.